EXTENDED TO NOVEMBER 16, 2020

(Rev. January 2020)

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

A F	or the	2019 calendar year, or tax year beginning and e	ending				
B 0	heck if pplicable	C Name of organization		D Employer identific	cation number		
	Address	CALIFORNIA YIMBY					
F	Name change	Doing business as		82-31590	02		
\vdash	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r		
F	Final return/	717 K STREET	221	(916)717	-1988		
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	6,320,297.		
	Amende	SACRAMENTO, CA 95814		H(a) Is this a group re	etum		
	Applica	F Name and address of principal officer:BRIAN HANLON		for subordinates	· · · — — —		
	pending	SAME AS C ABOVE		H(b) Are all subordinates in			
1 7	ax-exe	mpt status: 501(c)(3) X 501(c) (4)	or 527		list. (see instructions)		
J	Nebsite	HTTPS://CAYIMBY.ORG	· r	H(c) Group exemptio			
K	orm of	organization: X Corporation Trust Association Other	L Year	of formation: ZUI/	State of legal domicile: CA		
Pi	art I	Summary	ZODATTA	VIMDV'C MI	CCTON TS TO		
ø	1 5	Briefly describe the organization's mission or most significant activities: CALIF	OKNIA	TO LIVE WO	RK AND		
Activities & Governance]	ENSURE THAT CALIFORNIA IS AN AFFORDABLE I	DACE	then 25% of its net a	ceate		
ē	2 (Check this box if the organization discontinued its operations or dispos	~ ~		4		
80	3 1	Number of voting members of the governing body (Part VI, line 1a)	1545 O	4	3		
9	4 [Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1a) Total number of individuals employed in calendar year 2019 (Part V, line 23 28)	elgr.	5	19		
ties	5	Total number of individuals employed in caleridal year 2015 (fair v, in 224, 35	1500	6	2		
ξ	70	Total unrelated business revenue from Part VIII. column (C). line	18.100	7a	0.		
Ă	l /a	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1a) Fotal number of individuals employed in calendar year 2019 (Part V, line 2a) Fotal number of volunteers (estimate if necessary) Fotal unrelated business revenue from Part VIII, column (C), line 2a) Net unrelated business taxable income from 990-T, line 39		1e 7003	0.		
	 ~ '	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1a) Fotal number of volunteers (estimate if necessary) Fotal number of volunteers (estimate if necessary) Fotal unrelated business revenue from Part VIII, column (C), line 1a) Net unrelated business taxable income from Form 990-T, line 39 Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	charlia	Prior Year	Current Year		
•	8	Contributions and grants (Part VIII, line 1h)	\\\	3,440,352.	6,320,297.		
ğ	1	Program service revenue (Part VIII, line 2g)	[0.	0.		
Revenue	10 1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		4,528.	0.		
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,444,880.	6,320,297.		
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		49,512.	121,510.		
	· ·	Benefits paid to or for members (Part IX, column (A), line 4)		0. 707,682.			
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		707,662.	1,328,170.		
Expenses	16a l	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	· · · · · · · · · · · · · · · · · · ·	0.		
X	_ b			797,955.	1,707,791.		
_	י זון	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,555,149.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,889,731.	3,162,820.		
= 6	19	Revenue less expenses. Subtract line 16 from line 12		eginning of Current Year	End of Year		
Net Assets or	20	Total assets (Part X, line 16)		2,297,938.	5,529,138.		
Ass	21	Total liabilities (Part X, line 26)		97,960.			
E E	22	Net assets or fund balances. Subtract line 21 from line 20		2,199,978.	5,362,798.		
P	art II	Signature Block					
Und	der pena	Ities of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	nents, and to the best of n	ny knowledge and belief, it is		
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	hich prepare	r has any knowledge	20		
				Date			
Sig	jn	Signature of officer					
He	re	MELISSA BREACH, SENIOR VICE PRESIDENT	& COC				
		Type or print name and title		Date Check	PTIN		
_		Print/Type preparer's name Preparer's signature	i i	11/03/20 creck of self-emplo			
Pa		JOUA LO JOUA LO Firm's name BAKER TILLY US, LLP		Firm's EIN	33-0835986		
	eparer - Only	Firm's name BAKER TILLY US, LLP Firm's address 135 MAIN STREET, 9TH FLOOR		I IIIII 3 LIN			
U\$	e Only	SAN FRANCISCO, CA 94105-1815		Phone no. (115) 781-2500		
				1	X Yes No		
Ma	ay the II	RS discuss this return with the preparer shown above? (see instructions)			E 000 (0040		

	990 (2019) CALIFORNIA YIMBY	82-3159002 F	age 2
Form	990 (2019) CALIFORNIA YIMBY † III Statement of Program Service Accomplishments		
Pai			X
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission: EMPOWER CALIFORNIANS WITH THE KNOWLEDGE AND TOOLS TO AD	VOCATE FOR MOR	RE.
	EMPOWER CALIFORNIANS WITH THE KNOWLEDGE AND TOOLS TO THE	FOR EVERYONE	
	HOUSING AND TO MAKE OUR STATE AFFORDABLE AND ACCESSIBLE	TOR DVBRIOND.	
2	Did the organization undertake any significant program services during the year which were not listed on the	Yes 2	ਯ
	prior Form 990 or 990-EZ?	Yes L	<u>a</u> ∟ No
	if "Yes," describe these new services on Schedule O.		∵ 1
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	? Yes 🖸	<u>∆</u> No
-	if "Yes " describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a	s measured by expenses.	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses, and	d
	revenue, if any, for each program service reported.		
	1 816 767 e including grants of \$ 121,510 e) (Rever	nue \$)
4a	CALIFORNIA YIMBY ADVOCACY: ADVOCACY AND GRASSROOTS PART	NERSHIPS AND	
	ORGANIZING PROGRAM		
	OKGANIZING INCOME		
	CALIFORNIA YIMBY ESTABLISHED GRASSROOTS ORGANIZING TEAM	IS ACROSS THE	
	STATE, FOCUSED ON PROMOTING SOLUTIONS TO THE HOUSING SH	ORTAGE WITH	
	VOTERS IN KEY LEGISLATIVE DISTRICTS AND AT THE LOCAL LE	EVEL. THESE	
	ORGANIZING EFFORTS HELPED US GROW OUR MEMBER LIST TO OV	ER 60,000	
	MEMBERS STATEWIDE, COVERING EVERY COUNTY IN THE STATE A	ND A MAJORITY	OF
	THE STATE'S 482 MUNICIPALITIES.		
	THE STATE S 482 MUNICIPALITIES.	<u> </u>	
	THE OF THE OFF OR AGREEMENT WE DEVELOPED "GE	ASSTOPS"	
	IN ADDITION TO OUR GRASSROOTS EFFORTS, WE DEVELOPED "GFORGANIZATIONAL PARTNERSHIPS WITH LEADING CIVIL SOCIETY	ORGANIZATIONS	
	F17 F30		,
4b	(Code:) (Expenses \$ 517,538 including grants of \$) (Reve	OCDAM LORRYT	NG '
	CALIFORNIA YIMBY LOBBYING: LEGISLATIVE AND POLITICAL PR	togicali, hobbit	
	GRASSROOTS AND DIRECT		
	THE PROPERTY OF THE PROPERTY O	ELP END THE	
	CALIFORNIA YIMBY HELPED CRAFT LEGISLATION THAT COULD HE	THE CHE THEORYS	
	HOUSING SHORTAGE AND SOLVE THE STATE'S HOUSING CRISIS.	THESE EFFORTS	
	INCLUDE BILLS DESIGNED BY OUR STAFF, ACADEMICS, AND PAR	VACED BY OUD	
	ORGANIZATIONS, AS WELL AS CO-SPONSORED LEGISLATION ADVA	WCED DI OOK	
	PARTNER ORGANIZATIONS AND ALLIES IN THE STATE ASSEMBLY	AND SENATE.	00
	THROUGH OUR GRASSROOTS ORGANIZING ACTIVITIES, WE ATTRAC	TED OVER 60,0	00
	MEMBERS TO CALIFORNIA YIMBY ACROSS THE STATE. OUR MEMBE	IKS CONTACTED	TIEM
	THEIR LEGISLATORS AND TOLD THEM OF THEIR HOUSING STORIE	S AND ASKED T	nem
	TO SUPPORT SOLUTIONS TO THE HOUSING CRISIS.	<u> </u>	
4c	(Code) (Expenses \$	enue \$)
	CALIFORNIA YIMBY EDUCATION: EDUCATION AND OUTREACH		
	CALIFORNIA YIMBY CONDUCTED EXTENSIVE EDUCATION AND OUT	REACH ACTIVITI	ES
	ACROSS THE STATE OF CALIFORNIA, FOCUSED ON INFORMING PO	OLICY MAKERS A	תעד
	THE ELECTORATE ABOUT THE NATURE OF THE HOUSING SHORTAGE	3 AND WAYS THE	Υ
	COULD ACT TO SOLVE IT. THESE ACTIVITIES INCLUDED IN-PER	RSON CONVENING	iS
	WITH HOUSING POLICY EXPERTS, POLICY MAKERS, SCHOLARS,	AND COMMUNITY	
	MEMBERS: COMMISSIONING AND/OR PROMOTING ACADEMIC RESEAR	RCH ON HOUSING	į
	POLICY AND RELATED TOPICS: THE CREATION OF DIGITAL TOO!	LS, INCLUDING	
	WEBSITES AND SOCIAL MEDIA CHANNELS; AND TRADITIONAL/NET	W MEDIA OUTREA	/CH
	AND PUBLIC RELATIONS.		
	Other program services (Describe on Schedule O.)		
40) (Dayana 6)	
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses > 2,560,531.		
<u>4e</u>	Total program service expenses	Form QC	10/2010

Form	990 (2019)	002	Pa	<u>ige 3</u>
Par	IV Checklist of Required Schedules	r		
			Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
1	If "Yes," complete Schedule A	1		<u>X</u>
_	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3	X	
_	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
4	during the tax year? If "Yes," complete Schedule C, Part II	4		
	ls the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization trial 1555/160 in instance in the section 501(c)(4), 501(c)(5), or 501(c)(6) organization trial 1555/160 in instance in the section 501(c)(4), 501(c)(5), or 501(c)(6) organization trial 1555/160 in instance in the section 501(c)(4), 501(c)(5), or 501(c)(6) organization trial 1555/160 in instance in the section 501(c)(5), or 501(c)(6) organization trial 1555/160 in instance in the section 501(c)(5), or 501(c)(6) organization trial 1555/160 in instance in the section 501(c)(5), or 501(c)(6) organization trial 1555/160 in instance in the section 501(c)(6) organization trial 1555/160 in instance in the section 501(c)(6) organization trial 1555/160 in instance in the section 501(c)(6) organization trial 1555/160 in instance in the section 501(c)(6) organization trial 1555/160 in instance in the section 501(c)(6) organization trial 1555/160 in instance in the section 501(c)(6) organization trial 1555/160 in instance in the section 501(c)(6) organization trial 1555/160 in instance in the section 501(c)(6) organization trial 1555/160 in instance in the section 501(c)(6) organization trial 1555/160 in instance in the section 501(c)(6) organization trial 1555/160 in instance in the section 501(c)(6) organization trial 1555/160 in instance in the section 501(c)(6) organization trial 1555/160 in instance in the section 501(c)(6) organization trial 1555/160 in instance in the section 501(c)(6) organization trial 1555/160 in instance in the section 501(c)(6) organization trial 1555/160 in instance in the section 501(c)(6) organization trial 1555/160 in instance in the section 501(c)(6) organization trial 1555/160 in instance in the section 501(c)(6) organization trial 1555/160 in instance in the section 501(c)(6) organization trial 1555/160 in instance in the section 501(c)(6) organization trial 1555/160 in instance in the section 501(c)(6) organization trial 1555/160 in instance in the section 501(c)(6) organization trial 1555/160 in instance in t	5		X
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III			
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		X
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		X
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	ΗΉ		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		Х
	Schedule D, Part III	-		_=_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	9		Х
	If "Yes." complete Schedule D, Part IV	-		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		х
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	1		
	as applicable.	1		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	ــــــــــــــــــــــــــــــــــــــ	x	
	Part VI	11a		
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1	}	Х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	_	
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			7.7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			,,
	Part X. line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		l	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	<u></u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			1
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes." complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		1	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	L	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
• • •	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		1	1
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
40	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
19	complete Schedule G, Part III	19		X
20-	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
208	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
	domestic government on Fait IX, column vy, line 1: 11 100, bomplete 00.1000 9.1000 9.1000 11.1000 11.1000 11.1000	Forr	n 99 0	(2019)

Form	990 (2019) CALIFORNIA YIMBY 82-3159	002	Pa	age 4
Par	t IV Checklist of Required Schedules (continued)			
L			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Ì	
_	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		ł	
	Schedule J	23	X	
24.2	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
244	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
·	any tax-exempt bonds?	24c		
_	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
OF =	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
25a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
Đ	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		X
00	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
26	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
~~	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
27	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
28	instructions, for applicable filing thresholds, conditions, and exceptions):			1
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			1
а		28a		х
	"Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?			
С	W. W. W. C. L. L. C. L. D. L.	28c		Х
~~	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
30	and the stand of the standard Cohodula M	30		Х
24	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
31	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>	-	_
32	0.4.4.4.0.4.8	32		х
22	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		<u> </u>	
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
24	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
34		34	x	1
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
0	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		l
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		<u> </u>	\vdash
36	100000000000000000000000000000000000000	36	1	
07	If "Yes," complete Schedule H, Part V, line 2			
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
38	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
تت	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	7		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b)		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		1
·	(gambling) winnings to prize winners?	1c	X	<u> </u>
00000	(garising) withings to p.125 without	Form	990	(2019)

Page 5

CALIFORNIA YIMBY

Form	OOD (2010) CALLE OLUTE LEED .	-3159002	4 P	age 5
Par	The second Toy Compliance (continued)		1	
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a	19		
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			l
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	j	Î	
70	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
.	If "Yes," enter the name of the foreign country		1	
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		-	
5 0	we will be a producted a probability shotter transaction at any time during the tax year?			X
5a	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
C	and did the organization s	olicit		
6a	any contributions that were not tax deductible as charitable contributions?		X	
_	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
D	were not tax deductible?	6b	X	
-	Organizations that may receive deductible contributions under section 170(c).			T
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to	the payor? 7a		X
a	the walk of the goods or seniges provided?	76	T	<u> </u>
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
C	to file Form 8282?	7c		X
	7d			
d	11 100, illustration and former than a significantly to pay promitime on a personal henefit contract?	7e		X
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	1 74		X
g	the state of the s	uired? 7g		
h	to the state of th			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	. 8		
9	Sponsoring organizations maintaining donor advised funds.			
а	District the second of the sec	9a	<u> </u>	
b	many the state of	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	00 0 1 1 1 1 5 000 D 1389 F 40 C 15F			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12:	3	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13</u> 4	3	
	Note: See the instructions for additional information the organization must report on Schedule O.	ļ	1	
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			1
С				
14a		14:	a	X
b	· · · · · · · · · · · · · · · · · · ·	141	<u> </u>	—
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		1	,,
	excess parachute payment(s) during the year?	15	<u> </u>	X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	-	+x
	If "Yes," complete Form 4720, Schedule O.			

X Upon request

State the name, address, and telephone number of the person who possesses the organization's books and records -

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

CA

95814

Other (explain on Schedule O)

Form **990** (2019)

Another's website

717 K STREET, SUITE 221, SACRAMENTO,

statements available to the public during the tax year.

LORI BOONE - (916)717-1988

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated	
<u> </u>	Employees, and Independent Contractors	
	Check if Schedule O contains a response or note to any line in this Part VII	<u>_</u>

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization	nor any related	y related organization compensated any current officer, director, or trustee.								
(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average	(do	Positio (do not check mor			more than one		Reportable	Reportable	Estimated
	hours per	box, unless person is both an officer and a director/trustee)			s bot	h an	compensation	compensation	amount of other	
	week		1	T				from the	from related organizations	compensation
	(list any hours for	rect						organization	(W-2/1099-MISC)	from the
	related	600	99			sate		(W-2/1099-MISC)	(organization
	organizations	ruste	I Tas		9	mpe		(** 2, 1000)		and related
	below	gal	utions	_	용	stco	1 50			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRIAN HANLON	55.00									0.4 500
PRESIDENT & CEO		X		X	<u> </u>	<u> </u>		162,873.	0.	24,788.
(2) NAT FRIEDMAN	1.00									_
CHAIRMAN		Х	$oxed{oxed}$	X	Ļ	<u> </u>	L	0.	0.	0.
(3) ZACK ROSEN	1.00]	1			}				_
SECRETARY TREASURER	1 1 00	X	<u> </u>	X	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
(4) KIM-MAI CUTLER	1.00	.			l			0.	0.	0.
BOARD MEMBER		X	╀	-	\vdash	 	-	0.	0.	0.
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Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees,	and	d Hi	ghes	st C	ompensated Employe	es (continued)	,			
(A)	(B)			(C)			(D)	(E)			(F)	
Name and title	Average	(do	not ch		rtion more		one	Reportable	Reportable	- 1		tımate	
	hours per	box	, unles	ss pe	rson	is boti	an	compensation	compensation			ount o	of
	week (list any				1			from the	from related organizations			other pensa	tion
	hours for	direct				P		organization	(W-2/1099-MIS			om the	
	related	iee or	stee			ensate		(W-2/1099-MISC)	,		orga	anizatı	on
	organizations	trust	nal tru		oyee	dwo				[relate	
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		,	ļ	orga	nizatio	ons
	line)	르	SE .	#6	ş	표등	Ē						
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1b Subtotal								0.		0.		-,,	0.
c Total from continuation sheets to Part \								162,873.	-	0.	2	4,7	88.
d Total (add lines 1b and 1c)							no r		0.000 of reportab	ie			
compensation from the organization	100 11111100 10 1		,			-,			,				1
component of the contract of t												Yes	No
3 Did the organization list any former office	r, director, trust	tee,	key e	emp	loye	e, o	r hiç	phest compensated emp	ployee on				
line 1a? If "Yes," complete Schedule J for											3		Х
4 For any individual listed on line 1a, is the													
and related organizations greater than \$1											4	Х	
5 Did any person listed on line 1a receive or									idual for services	;			v
rendered to the organization? If "Yes," col	nplete Schedu	le J	for s	uch	per	son			<u>, , , , , , , , , , , , , , , , , , , </u>		5		X
Section B. Independent Contractors								N	\$100 000 of oon	2000	ction	from	
1 Complete this table for your five highest of										npens	alion	IOIII	
the organization. Report compensation fo	r the calendar	/ear	enai	ng v	WIEI	Of W	itrii	(B)	year.		(0	<u>.,</u>	
Name and busines	s address							Description of	services	C	ompe	nsatio	n
LIGHTHOUSE PUBLIC AFFAIR	S												
857 MONTGOMERY ST, SAN F		ο,	CZ	A	94	13	3	LOBBYING CON	SULTANT		16	1,7	95.
50+1 STRATEGIES													
1 KAISER PLAZA #650, OAK	LAND, C	A	94	61	2			CONSULTING			15	2,5	13.
GPS IMPACT													
220 SE 6TH ST. #330, DES		,	ΙA	5	03	09		DIGITAL MEDI	A		14	6,1	49.
VINCENT JONES CONSULTING													
23555 WESTWOOD BLVD, LOS	ANGELE	S,	C	<u>A</u>	90	06	4	CONSULTING			12	0,0	00.
2 Total number of independent contractors	(including but	not l	limite	ed to	o the	ose l	ste	d above) who received i	more than	i			

\$100,000 of compensation from the organization

Form 990 (2019) CALIFOR
Part VIII | Statement of Revenue

CALIFORNIA YIMBY

Par		411	Statement of nevertue	ne in this Part VIII			
			Check if Schedule O contains a response or note to any lin	(A) Total revenue	Related or exempt	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f 1a 1b 1c 1d 1e 4 6,320,297.				
a S		-	Total. Add lines 1a-1f	6,320,297.			
Program Service Revenue	2	b c d	All other program service revenue				
\Box		g	Total. Add lines 2a-2f				
	3 4 5		Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal				
	6	b b	Gross rents 6a Less: rental expenses 6b Rental income or (loss) 6c Net rental income or (loss)				
Ð	7		Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses (i) Securities (ii) Other 7a				
Other Revenue	8	d	Gain or (loss) Net gain or (loss) Gross income from fundraising events (not				
ŏ			including \$ of contributions reported on line 1c). See Part IV, line 18 8a				
			Less: direct expenses 8b				+
	9	a b	Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 Less: direct expenses 9a 9b				
	10) a	Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances Less: cost of goods sold 10a 10b				
			Net income or (loss) from sales of inventory				
snc	11	l a	Business Code				
Miscellaneous Revenue	''	b					
cella Teve		C					
ΣİΣ			All other revenue		1		
	L	е	Total Add lines 11a-11d	6.320.297	. 0	. 0	. 0

Form 990 (2019) CALIFORNIA YIMBY

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). X Check if Schedule O contains a response or note to any line in this Part IX (D) (B) Program service Do not include amounts reported on lines 6b, Management and general expenses Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 121,510. 121,510. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 21,102. 119,832. 46,727. 187,661. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 26,703. 132,218. 780,057. 938,978. Other salaries and wages Pension plan accruals and contributions (include 1,872. 7,009. 44,127. 35,246. section 401(k) and 403(b) employer contributions) 3,005. 11,249. 70,825. 56,571. Other employee benefits 13,752. 3,674. 69,159. 86,585. 10 Payroll taxes Fees for services (nonemployees): a Management 9,740. 9,740. Legal 81.461. 81,461. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees _____ Other. (If line 11g amount exceeds 10% of line 25, 9,509. 789,220. 717,978. 61,733. column (A) amount, list line 11g expenses on Sch O.) 38,980. 97,964. 136,944. Advertising and promotion 12 259. 31,537. 51,990. 20,194. 13 Office expenses 1,415. 19,360. 319,011. 298,236. Information technology 14 15 Royalties <u>686.</u> 3,006. 14,446. 18,138. 16 Occupancy ... 1,011. 5,228. 137,911. 131.672. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 728. 52,411. 5,863. 59,002. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 132. 464. 596. Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 0. 0. 102,389. 102,389. POLLING/SURVEYS 1. 1,386. 2. 1.389. MEMBERSHIP DUES AND FEE C All other expenses 69,965. 526,981. 3,157,477. 2,560,531. Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Check here

If following SOP 98-2 (ASC 958-720)

Form 990 (2019)

CALIFORNIA YIMBY

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X ... (B) (A) End of year Beginning of year 2,242,237. 2,490,438. 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 2 2,759,030. 3 Pledges and grants receivable, net 3 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 25,185. 55,701. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 8,007. 10a basis. Complete Part VI of Schedule D 7,411. 0. 596. 10c Less: accumulated depreciation 10b 11 Investments - publicly traded securities 11 247,074. 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 15 Other assets. See Part IV, line 11 15 2,297,938. 5,529,138. 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 97,960. 166,340. 17 Accounts payable and accrued expenses 17 18 18 19 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 166,340. 97,960. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here or Fund Balances and complete lines 27, 28, 32, and 33. 2,612,798. 2,199,978. 27 Net assets without donor restrictions 27 2,750,000. 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Assets 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 2,199,978. 5,362,798. Net 32 Total net assets or fund balances 32 5,529,138. 2,297,938. 33 Total liabilities and net assets/fund balances

Form **990** (2019)

orm	990 (2019) CALIFORNIA YIMBY	82-315	9002	Pag	je 1 2
	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u> </u>		<u> </u>
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O)	1 2 3	6,320 3,15 3,162 2,199	0,2 7,4 2,8	77 20
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,362	2,7	98
Pai	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		1	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
			2a		Х
2a	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	d on a		х	
b	Were the organization's financial statements audited by an independent accountant?		2b		├—
С	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	ne audit,	2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc				
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Act and OMB Circular A-133?	ngle Audit	3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
_	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>
			Form	990	(201

SCHEDULE C (Form 990 or 990-EZ) **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

➤ Complete if the organization is described below.
➤ Attach to Form 990 or Form 990-EZ.

➤ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2019

Open to Public

Inspection

Department of the Treasury internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	tion 501(c)(4), (5), or (6) organization CALTEOR	NIA YIMBY		Empl	oyer identification number 82-3159002
Part I	-A Complete if the org	janization is exempt un	der section 501(c) or is a section 527 o	rganization.
2 Pol	ovide a description of the organization of the organization activity expendituates for political campains.	tures		▶\$	300.
Part I		janization is exempt un			
2 Ent 3 If th 4a Wa	ter the amount of any excise tax ter the amount of any excise tax ne organization incurred a section as a correction made?	incurred by organization mana	gers under section 495 0 for this year?	55	Yes No
Part I	-C Complete if the org	janization is exempt un	der section 501(c), except section 501(
2 Ent	ter the amount directly expendenter the amount of the filing organismpt function activities	sization's funds contributed to o	other organizations for	section 527	
4 Did 5 Ent ma	e 17b If the filing organization file Form ter the names, addresses and er de payments. For each organiza ntributions received that were pr itical action committee (PAC). If	1120-POL for this year?	EIN) of all section 527 paid from the filing organo a separate political or	political organizations to which nization's funds. Also enter the ganization, such as a separa	Yes No the filing organization ne amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

Schedule C (Form 990 or 990-EZ) 2019 (Part II-A Complete if the org	CALIF	ORNIA	YIMBY	on 501(o)(2) and file		3159002 Page 2
section 501(h)).	anızauc	ni is exer	npi unuer secuc	on soricitist and me	u rom 5/00 (e	election under
	ion helon	ns to an affil	iated group (and list i	n Part IV each affiliated o	roup member's pa	me address FIN
expenses, and share		~	•	irr air iv caoir ainmatco (group member s na	,,, add, 600, E., v,
. — ' '			nd "limited control" pr	ovicione apply		
B Check L II the liling organizat	IOH CHECK	led box A ar	id illilled control pr	ovisions apply.	(a) Filing	(b) Affiliated group
		bying Exper leans amou	nditures nts paid or incurred	.)	organization's totals	totals
1a Total lobbying expenditures to influ	ence pub	lic opinion (grassroots lobbying)	······································		
b Total lobbying expenditures to influ						
c Total lobbying expenditures (add lin		-	•			
d Other exempt purpose expenditure						
e Total exempt purpose expenditures						
f Lobbying nontaxable amount. Ente						
If the amount on line 1e, column (a) or			bying nontaxable an			
Not over \$500,000	1 (0) 13.		the amount on line 1			
Over \$500,000 but not over \$1,000	000		0 plus 15% of the ex			
Over \$1,000,000 but not over \$1,500				cess over \$300,000.		
			O plus 5% of the exc			
Over \$1,500,000 but not over \$17,000,000	300,000	\$1,000,0		235 OVEI \$1,500,000.		
Over \$17,000,000		φ1,000,0				
g Grassroots nontaxable amount (en	ter 25% o	f line 1f)				
h Subtract line 1g from line 1a. If zero						
i Subtract line 1f from line 1c. If zero						*
j If there is an amount other than zer	· · · · · · · · · · · · · · · · · · ·	*****		file Form 4720		
reporting section 4911 tax for this						Yes No
reporting section 4317 tax for this	year:		raging Period Under			100100
(Some organizations th	at made		• •	• •	f the five columns	below.
(Come or games or or	_		ate instructions for li	•		
	Lobi	ying Expen	ditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) :	2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures			·····			
d Grassroots nontaxable amount						
e Grassroots ceiling amount				† ·		
(150% of line 2d, column (e))						
	·			 		
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2019

Schedule C (Form 990 or 990-EZ) 2019 CALIFORNIA YIMBY

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i to Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(4	a)		(b	
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structions); and Part II-B, line 1. Also, complete this part for any additional information. ART I-A, LINE 1: N INSUBSTANTIAL AMOUNT OF DIRECT AND GRASSROOTS LOBBYING WAS CONDUCTED Y CALIFORNIA YIMBY, A 501(C)(4) ENTITY, IN SUPPORT OF HOUSING	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the last III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the except does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)	ne prior yea on 501(c "No" Ol	ar?	2 3 Fr second 1 1 2a 2b 2c 3	ction	ne 3, i
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Inspection

Name of the organization

CALIFORNIA YIMBY

Employer identification number 82-3159002

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Acco	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir			
		(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds	
3	are the organization's property, subject to the organization's			Yes No
6	Did the organization inform all grantees, donors, and donor a			
•	for charitable purposes and not for the benefit of the donor			
				Yes No
Pai		ganization answered "Yes" on Form 990,	Part IV, line 7	7.
1	Purpose(s) of conservation easements held by the organizat		-	
•	Preservation of land for public use (for example, recreations)		a historically	y important land area
	Protection of natural habitat			istoric structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form	of a consen	ation easement on the last
-	day of the tax year.			Held at the End of the Tax Year
а			2a	
b			اما	
c	Number of conservation easements on a certified historic st			
ď	Number of conservation easements included in (c) acquired			
•	listed in the National Register			
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	e organizatio	on during the tax
•	year		-	
4	Number of states where property subject to conservation ea	asement is located >		
5	Does the organization have a written policy regarding the pe			
	violations, and enforcement of the conservation easements			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing cor	servation ea	sements during the year
	•			
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conserva	ation easeme	ents during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) abo	ove satisfy the requirements of section 170	O(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	tion easements in its revenue and expens	e statement	and
	balance sheet, and include, if applicable, the text of the foot	tnote to the organization's financial staten	nents that de	scribes the
	organization's accounting for conservation easements.			
Pa	t III Organizations Maintaining Collections of		other Simi	ilar Assets.
	Complete if the organization answered "Yes" on Forr			
1a	If the organization elected, as permitted under FASB ASC 9			
	of art, historical treasures, or other similar assets held for pu			of public
	service, provide in Part XIII the text of the footnote to its final	ancial statements that describes these ite	ms.	
b	If the organization elected, as permitted under FASB ASC 9			
	art, historical treasures, or other similar assets held for publi	ic exhibition, education, or research in furl	therance of p	oublic service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1		▶	\$
				\$
2	If the organization received or held works of art, historical tr		al gain, provi	de
	the following amounts required to be reported under FASB	ASC 958 relating to these items:	_	
а	Revenue included on Form 990, Part VIII, line 1			\$
.	Aposto included in Form 900, Part Y		•	\$

Sche	edule D (Form 990) 2019 CALIFOR	NIA YIMBY				1	82-31	5900	2 p	age 2
Pa	rt III Organizations Maintaining (Collections of A	rt, Historical 1	reasures,	or Othe	r Simila	ar Asse	ts (conti	nued)	
3	Using the organization's acquisition, access	ion, and other record	ds, check any of th	ne following th	at make s	ignificant	use of its	3		
	collection items (check all that apply):									
а	Public exhibition	d	Loan or ex	change progr	am					
b	Scholarly research	e	Other							
C	Preservation for future generations		-							
4	Provide a description of the organization's c	ollections and explai	n how they further	the organizat	ion's exer	npt purpo	se in Par	t XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, historical tre	easures, or oth	ner similar	assets				
	to be sold to raise funds rather than to be m	aintained as part of	the organization's	collection?				Yes] No
Pa	rt IV Escrow and Custodial Arran		ete if the organizat	ion answered	"Yes" on	Form 990), Part IV,	line 9, o		
	reported an amount on Form 990, Pa									
ıa	Is the organization an agent, trustee, custod		•					7.,		٦
	on Form 990, Part X?							」 Yes	L	J No
D	If "Yes," explain the arrangement in Part XIII	and complete the to	ollowing table:			г				
	Particular I. I.							Amoun	t	
C	Beginning balance								-	
a	Additions during the year									
e	Distributions during the year					1e				
20	Ending balance	iorm 000 Port V line		austadial ass		_ <u> </u>		Yes		T
2a						ιy?		⊔ res		J No ∃
	rt V Endowment Funds. Complete in					<u></u>	,			<u> </u>
		(a) Current year	(b) Prior year	(c) Two yea			ears back	(e) Four	vears	hack
1a	Beginning of year balance	(a) Ourient year	(b) i noi year	(C) Two you	10 Dack (uj mice y	oars back	(e) rous	yours	Ouck
b	Contributions							-		
c	Net investment earnings, gains, and losses									
4	Grants or scholarships			-						
•	Other expenditures for facilities		· · · · · · · · · · · · · · · · · · ·							
•					}					
f	and programs Administrative expenses		···	 		·				
g	End of year balance			+						
2	Provide the estimated percentage of the cur		e (line 1a, column	(a)) held as:	L			<u> </u>		
a	Board designated or quasi-endowment	ioni your one balanc	%	(a)) Held as.						
b	Permanent endowment	%	- ^~							
c										
•	The percentages on lines 2a, 2b, and 2c sho	7.7								
За	Are there endowment funds not in the posse	•	ation that are held	and administs	arad for th	e organiz	ation			
	by:	oolon or the organiza	adon that are ner	and agriminate	216G 101 U	e organiz	allori	Γ	Yes	No
	(i) Unrelated organizations							3a(i)	103	-110
								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	ntions listed as requir	red on Schedule R					3b		
4	Describe in Part XIII the intended uses of the			*						
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere), Part IV, line 11a.	See Form 990). Part X. I	ine 10.				
	Description of property	(a) Cost or o		st or other		cumulate	d	(d) Bool	cvalue	
		basis (investn	1 , ,	s (other)		reciation	_	(u) 500/	· vaid	•
1a	Land						\dashv			
	Buildings									
C	Leasehold improvements									
	Equipment		1	8,007.		59	6.		7,4:	11.
	Other			-			\neg			
	. Add lines 1a through 1e. (Column (d) must e		X, column (B), line	10c.)			D		7,4	11.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 CALIFORNIA Y	TWRI	82-31	L59002 Page
Part VII Investments - Other Securities.		44. O. E. 200 D. LV II. 40	
Complete if the organization answered "Yes" o		(c) Method of valuation: Cost or end-of-ye	eer market value
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Valuation. Cost of end-or-y	ear market value
(1) Financial derivatives			
(2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" or		11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-y	ear market value
(1)			
(2)			<u> </u>
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
(-) [escription		(b) Book value
(a) U			
(a) U			

	(a) Decemplies	(-,
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total, (Column (b) must equal Fo	orm 990, Part X, col. (B) line 15.)	

Other Liabilities. Part X

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

•	(a) Description of liability	(b) Book value
(1) Federal inc	come taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
otal. (Column (b)	must equal Form 990, Part X, col. (B) line 25.)	>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

	dule D (Form 990) 2019 CALIFORNIA YIMBY		82-3159002 Page
Pai	t XI Reconciliation of Revenue per Audited Financial Statemen	its With Revenue per F	Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	i i	
а	Net unrealized gains (losses) on investments	2a	
þ	Donated services and use of facilities	2tb	
C	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1	· ····· · · · · · · · · · · · · · · ·	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
C	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Par	t XII Reconciliation of Expenses per Audited Financial Statemen	nts With Expenses per	Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1			1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	
a	Donated services and use of facilities		
b	Prior year adjustments	2b	
C	Other losses	2c	
đ	Other (Describe in Part XIII.)	2d	
	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	. 1	
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	Other (Describe in Part XIII.)	4b	
	Add lines 4a and 4b	· ······· · · · · · · · · · · · · · ·	4c
Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information.		5
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV,	" 41 101 D 111 "	
ines 2	d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	onal information.	
	L M, DINI 8.		
INC	OME TAXES - CALIFORNIA YIMBY IS EXEMPT FROM	INCOME TAXES	UNDER INTERNAL
REV	ENUE CODE SECTION 501(C)(4). CALIFORNIA YIM	MBY RECEIVED TH	EIR
TO	IFICATION LETTER FROM THE IRS DATED MARCH 2	22, 2019, RETRO	ACTIVELY
APP	LIED TO OCTOBER 11, 2017.		
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ► Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990. Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990)

≗ Employer identification number 82-3159002 X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection : Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. General Information on Grants and Assistance CALIFORNIA YIMBY criteria used to award the grants or assistance? Part

PartII

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Com recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	Domestic Organ \$5,000. Part II ca	i zations and Domesti e n be duplicated if additi	c Governments. Colonal space is need	omplete if the orga	nization answered "Y	and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any licated if additional space is needed.	IV, line 21, for any
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ABUNDANT HOUSING LA GRANT 460 S. SPRING ST. #502 LOS ANGELES, CA 90013	82-4616689	501(¢)(3)	000'05	0			TO HIRE A MANAGING DIRECTOR/ORGANIZER TO HELP WITH HOUSING ISSUES IN LA
CALIFORNIA COMMUNITY BUILDERS 1918 UNIVERSITY AVE., SUITE 3C BERKELEY, CA 94704	20-5276894	501(c)(3)	20,000.	0			FOR AN INTERN TO ASSIST WITH HOUSING ISSUES
GLOBAL POLICY LEADERSHIP ACADEMY 404 EUCLID AVE., SUITE 212 SAN DIEGO, CA 92114	20-3468767	501(C)(3)	.000,01	0.			FOR SCHOLARSHIP TO THE ACADEMY.
SCHOOLS AND COMMUNITIES FIRST 777 S. FIGUEROA ST, STE 4050 LOS ANGELES, CA 90017		501(C)(4)	25,000.	.0			FOR CAMPAIGN WORK
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government or	ganizations listed in the	e line 1 table				4

3 Enter total number of other organizations listed in the line 1 table
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2019)

82-3159002

Page 2

CALIFORNIA YIMBY

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule | (Form 990) (2019)

Part III Grants and Other

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information required		e 2; Part III, column	in Part I, line 2; Part III, column (b); and any other additional information.	ditional information.	
PART I, LINE 2:					
WRITTEN AGREEMENTS ARE CREATED FOR		FIAL CONTR	SUBSTANTIAL CONTRIBUTIONS/GRANT	RANT TO	
OTHERS 20K+ WHO MUST PROVIDE A FINAL	AL REPORT OF	THE	FUND USAGE AND	AND	
ACHIEVEMENTS MET. WE DO CHECK THAT TH	田	PURPOSE OF THE	SMALLER	GRANTS WAS	
ACHIEVED. FOR INSTANCE, IF WE PROVIDE	IDE 5K TO	AN	ORGANIZATION TO	TO HELP MAKE AN	
EDUCATIONAL VIDEO ON THE HOUSING C	CRISIS WE	ASK TO RE	RECEIVE A CO.	COPY OF THE	
COMPLETED VIDEO. WE ONLY DONATE TO	OTHER NO	ON-PROFIT	TO OTHER NON-PROFIT ORGANIZATIONS WITH A	ONS WITH A	
SIMILAR OR COMPLIMENTARY MISSION AS	S CALIFORNIA	NIA YIMBY.	THE	CALIFORNIA YIMBY	
PAC DONATES TO PARTICULAR CANDIDATES.	ES. MOST	DONATIONS	IN 2019	WERE JUST FOR	
932102 10-26-19					Schedule I (Form 990) (2019)

Schedule I (Form 990) CALIFORNIA YIMBY	82-3159002 Page 2
Part IV Supplemental Information	
SPONSORSHIPS FOR VARIOUS CONFERENCES REGARDING THE HOUSING	CRISIS IN
CALIFORNIA. 2019 GRANTS OVER 20K WERE: SCHOOLS AND COMMUNI	TTIES FIRST 25K
FOR CAMPAIGN WORK, ABUNDANT HOUSING LA GRANT 50K FOR A MAN	NAGING
DIRECTOR/ORGANIZER TO HELP WITH HOUSING ISSUES IN LA, CALI	FORNIA COMMUNITY
BUILDERS 20K FOR AN INTERN.	
	1.0

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CALIFORNIA YIMBY

Employer identification number 82-3159002

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			İ
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			İ
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	L	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			İ
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			•
	contingent on the revenues of:			
а	The organization?	5a		X
þ	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.		į	
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			İ
	contingent on the net earnings of:			ĺ
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	, , , , , , , , , , , , , , , , , , ,			_
	not described on lines 5 and 6? If "Yes," describe in Part III	. 7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	. 8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		İ
LH/	A For Paperwork Reduction Act Notice, see the Instructions for Form 990. Sche-	dule J (Forn	n 990'	2019

82-3159002

age 2

Schedule J (Form 990) 2019 CALIFORNIA YIMBY

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	pjq	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits		in column (B) reported as deferred on prior Form 990
(1) BRIAN HANLON PRESIDENT & CEO	€ €	162,873.	00	0.0	19,000.	5,788.	187,661.	0
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932112 10-21-19	ĺ						Schedu	Schedule J (Form 990) 2019

SCHEDULE 0

932211 09-06-19

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ
Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

CALIFORNIA YIMBY

Employer identification number 82-3159002

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
RAISE A FAMILY. WE ADVANCE OUR MISSION BY:
- ADDRESSING AND CORRECTING SYSTEMIC INEQUITIES IN CALIFORNIA HOUSING
LAWS, AND IN RELATED LAWS AND REGULATIONS;
- EMPOWERING CALIFORNIANS ACROSS THE STATE TO ENGAGE THEIR ELECTED
REPRESENTATIVES AT THE STATE AND LOCAL LEVELS ON HOUSING AND RELATED
POLICIES;
- ENSURING THAT CALIFORNIA HOUSING LAWS AND LOCAL REGULATIONS ARE
EVIDENCE-BASED, EQUITABLE, AND INCLUSIVE; AND
- DRAFTING AND ADVOCATING FOR PROVEN LEGISLATIVE SOLUTIONS THAT
ACCELERATE THE PACE OF HOME BUILDING.
WE BELIEVE THAT AN EQUITABLE CALIFORNIA BEGINS WITH ABUNDANT, SECURE,
AFFORDABLE HOUSING. WE FOCUS ON HOUSING AND LAND USE POLICY AT THE
STATE LEVEL TO ENSURE GRASSROOTS ORGANIZERS AND CITY LEADERS HAVE THE
TOOLS THEY NEED TO ACCELERATE HOME BUILDING AT THE LOCAL LEVEL.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
THINK TANKS, PUBLIC AND PRIVATE ACADEMIC INSTITUTIONS, BUSINESS
ASSOCIATIONS, ENVIRONMENTAL GROUPS, UNIONS, AND AFFORDABLE HOUSING
ADVOCATES.
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
THESE EFFORTS RESULTED IN SEVERAL PUBLISHED REPORTS AT LEADING HOUSING
POLICY THINK-TANKS AND PRIVATE-SECTOR FIRMS, ALONG WITH EXTENSIVE MEDIA
HA For Panerwork Reduction Act Notice see the Instructions for Form 900 or 900-F7 Schedule O (Form 900 or 900-F7) (2019)

Schedule O (Form 990 or 990-EZ) (2019) Page 2 **Employer identification number** Name of the organization CALIFORNIA YIMBY 82-3159002 COVERAGE IN LOCAL, STATE, AND NATIONAL MEDIA. OUR ONGOING MEDIA AND PRESS ACTIVITIES IN 2019 HELPED REDEFINE THE SCALE OF THE POLICY RESPONSE NECESSARY TO SOLVE THE HOUSING CRISIS. AS A RESULT OF HUNDREDS OF MEDIA ARTICLES ABOUT OUR EFFORTS IN CALIFORNIA, ZONING REFORM HAS BECOME A CENTRAL COMPONENT OF THE NARRATIVE ON SOLUTIONS TO THE HOUSING SHORTAGE. FORM 990, PART VI, SECTION B, LINE 11B: THE FINANCE AND OPERATIONS DIRECTOR, COO, AND BOARD MEMBER AND PRESIDENT/CEO REVIEWED AND APPROVED THE 990 FOR FILING. THEN IT WAS PROVIDED TO THE OTHER TTHREE BOARD MEMBERS. FORM 990, PART VI, SECTION B, LINE 12C: ALL STAFF AND BOARD MEMBERS ARE ASKED TO RENEW THEIR CONFLICT OF INTEREST STATEMENT ANNUALLY, DISCLOSING ALL APPLICABLE AFFILIATIONS. THESE STATEMENTS ARE REVIEWED ANNUALLY BY THE MANAGEMENT TEAM. FORM 990, PART VI, SECTION B, LINE 15: LINE 15A - THE PRESIDENT AND CEO AND VICE PRESIDENT MET WITH THE OTHER TWO NON-COMPENSATED VOLUNTEER BOARD MEMBERS TO DEVELOP THE SALARY RANGES FOR STAFF. SALARIES WERE RESEARCHED ON THE INTERNET TO LOCATE THE AVERAGE SALARY TO USE FOR EACH POSITION. THE BOARD APPROVED A NON-DISCRETIONARY PERFORMANCE BONUS FOR THE CEO AS OF DECEMBER 1, 2018. LINE 15B - THE PRESIDENT AND CEO AND VICE PRESIDENT MET WITH THE OTHER TWO NON-COMPENSATED VOLUNTEER BOARD MEMBERS TO DEVELOP THE SALARY RANGES FOR

STAFF. SALARIES WERE RESEARCHED ON THE INTERNET TO LOCATE THE AVERAGE

SALARY TO USE FOR EACH POSITION.

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization CALIFORNIA YIMBY	Employer identification number 82-3159002
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND TAX RETURNS	ARE AVAILABLE
UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	717,978.
MANAGEMENT AND GENERAL EXPENSES	61,733.
FUNDRAISING EXPENSES	9,509.
TOTAL EXPENSES	789,220.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	789,220.

DocuSign Envelope ID: 09F9C4F2-AF36-4A67-A621-AF23E31A5179

SCHEDULE R

Go to www.irs.gov/Form990 for instructions and the latest information. ▼ Attach to Form 990. CALIFORNIA YIMBY Name of the organization Department of the Treasury Internal Revenue Service Part

OMB No 1545-0047

Employer identification number 82-3159002 Open to Public Inspection 2019 Direct controlling entity Ξ End-of-year assets **e** Related Organizations and Unrelated Partnerships ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Total income ₤ Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity (Form 990)

Schedule R (Form 990) 2019 (g) Section 5 (2(b)(13) ŝ × controlled entity? Yes Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Direct controlling entity A/N Public charity status (if section 501(c)(3)) Exempt Code section Ŧ 527 Legal domicile (state or foreign country) CALIFORNIA SUPPORT AFFORDABLE HOUSING Primary activity ê For Paperwork Reduction Act Notice, see the Instructions for Form 990. POLICIES ACTION COMMITTEE - 82-3984479, 717 K STREET CALIFORNIA YIMBY VICTORY FUND POLITICAL SUITE 221, SACRAMENTO, CA 95814 Name, address, and EIN of related organization

Part II

DocuSign Envelope ID: 09F9C4F2-AF36-4A67-A621-AF23E31A5179

YIMBY CALIFORNIA Schedule R (Form 990) 2019

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

Page 2

82-3159002

≆	General or Percentage managing ownership											
9	neral or inaging artner?	Yes										
8	Code V-UBI Ge amount in box ma	K-1 (Form 1065) Ye						 				
Ξ	Disproportionate altocations?	Yes No										70 17 74 4
(B)	Share of end-of-year											, c
E	Share of total income			•					78.7			XII
(0)	Predominant income (related, unrelated, excluded from tax under	sections 512-514)										14 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
9	Direct controlling entity											
<u></u>	Legal domicile (state or foreion	country)										
<u>@</u>	Primary activity											Landing Touchton
(8)	Name, address, and EIN of related organization											Adams Township of Datas Annanianian

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

	اه		ŀ	I	l
Section 512(b)(13) controlled entity?	S S				
0 C	Yes				
(h) Percentage ownership					
(g) Share of Fend-of-year assets					
(f) Share of total income					
(e) Type of entity (C corp, S corp, or trust)					
(d) (e) Direct controlling Type of entity (C corp, S corp, or trust)					
(C) Legal domicile (state or foreign					
(b) Primary activity					
(a) Name, address, and EiN of related organization					

Schedule R (Form 990) 2019

932162 09-10-19

82-3159002

Schedule R (Form 990) 2019 CALIFORNIA YIMBY

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	S.
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more re	lated organizations listed in I	Parts II-1V?			-
a Receipt of (i) Interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	: : :				1a	X
b Gift, grant, or capital contribution to related organization(s)	:	::			9	×
c Gift, grant, or capital contribution from related organization(s)					٤	×
d Loans or loan guarantees to or for related organization(s)					3	×
		: : : : : : : : : : : : : : : : : : : :			2	4
e Loaris of Ioari guarantees by related organization(s)	: : : : : : : : : : : : : : : : : : : :				9	×
f Dividends from related organization(s)					;	>
					=	(ا
				:	19	×
h Purchase of assets from related organization(s)					ŧ	×
i Exchange of assets with related organization(s)				:	F	×
d organization(s)					: ;	×
				:	-	\$
k i pase of facilities equipment or other assets from related organization(s)						>
				: .	¥	4
 Performance of services of membership of fundraising solicitations for related organization(s) 	anization(s)				=	×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)				Ę	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)					۽	×
o Sharing of paid employees with related organization(s)				•		>
					2	4
a Delmburcement neight or related organization(s) for account.						;
					16	4
q Reimbursement paid by related organization(s) for expenses	:		: :::::::::::::::::::::::::::::::::::::	:	19	×
r Other transfer of cash or property to related organization(s)					-	×
: (8)					÷	×
2 If the answer to any of the above is a see the instructions for information	de céclamos és un orde				2	
4 II MIS ANSWELLO ANY OF MIS ADDRESS. SEE ME INSTRUCTIONS FOR MISTORNAMO MUST COMPLETE THIS LINE, INCLUDING COVERED RELICIONSHIPS AND TRANSACTION THRESHOLDS.	wno must complete th	is line, including covered rela	ationships and transaction	thresholds.		
(a) Name of related organization	(b) Transaction	(c) Amount involved	Method of detern	(d) Method of determining amount involved	olved	
	type (a-3)					
(F)						
(3)						
(9)	-					
(4)						
(9)						
(9)						
932163 09-10-19				Schedule B (Form 990) 2019	3 (Form 96	0) 2019

82-3159002 Page 4

Schedule R (Form 990) 2019 CALIFORNIA YIMBY

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue)

that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	structions regarding exclu	sion for certain inv	estment partnerships.	(9)	6	3	3	w		. 3
Name, address, and EIN	Primary activity	micile	Predominant income	Are all	Share of	(g) Share of	Oisenmoor-	Code V-IIRI	(I) General o	(K)
of entity	•	(state or foreign country)	excluded from tax under sections 512-514)	501(c)(3) 003.7 Ves No	total	end-of-year assets	tionate allocations?	tional amount in box 20 managing of central allocations? of Schedule K-1 partner? ownership	managing partner?	ownership
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Schedule R (Form 990) 2019

Schedule R	(Form 990) 2019 Supplemental Inform	CALIFORNIA	YIMBY	82-3159002 Page 5
Part VII	,	mation		
	Provide additional informa	tion for responses to o	questions on Schedule R. See instructions.	

		···		
	···			
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		· #		
				

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic

	s, for which an extension request must be sent to the IR his form, visit www.irs.gov/e-file-providers/e-file-for-chari		,	details on	the electronic			
Autom	atic 6-Month Extension of Time. Only subm	it origin	al (no copies needed).					
All corpo	rations required to file an income tax return other than For Form 7004 to request an extension of time to file income	orm 990-T	(including 1120-C filers), partnership	s, REMIC	Os, and trusts			
Гуре ог	Name of exempt organization or other filer, see instru-	ctions.		Taxpaye	r identification numb	er (TIN)		
orint	CALIFORNIA YIMBY				82-315900	2		
file by the due date for iling your	Number, street, and room or suite no. If a P.O. box, so 717 K STREET, NO. 221	ee instruc	tions.					
etum. See nstructions		oreign add	ress, see instructions.					
Enter the	Return Code for the return that this application is for (file	e a separa	te application for each return)			0 1		
Applicati	ion	Return	Application			Return		
s For Code Is For (
Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07								
om 990-BL 02 Form 1041-A 08								
Form 4720 (individual) 03 Form 4720 (other than individual) 09								
orm 990	-PF	04	Form 5227			10		
om 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
orm 990	O-T (trust other than above)	06	Form 8870			12		
Teleph	LORI BOONE cooks are in the care of ▶ 717 K STREET, Some No. ▶ (916)717-1988 corganization does not have an office or place of business is for a Group Return, enter the organization's four digit (. If it is for part of the group, check this box ▶	s in the Ur Group Exe	Fax No. Fax No	this is fo	brithe whole group, c			
the ▶[▶[quest an automatic 6-month extension of time until organization named above. The extension is for the organization named above. The extension is for the organization named above. The extension is for the organization of time until organization organization and organization organization.	anization's	d ending	the exem	npt organization retu ·	m for		
3a If#	Li Change in accounting period nis application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6060	notes the testation buy less	1				
	nonrefundable credits. See instructions.	UI 0009, 6	onter the tentative tax, less	20	•	0.		
	nis application is for Forms 990-PF, 990-T, 4720, or 6069,	enter an	/ refundable credits and	3a	\$	••		
	mated tax payments made. Include any prior year overp	_		3b	s	0.		
	ance due. Subtract line 3b from line 3a. Include your par			30	•			
	ng EFTPS (Electronic Federal Tax Payment System). See	-		3c	s	0.		
	If you are going to make an electronic funds withdrawal							
nstructio		, 222 20.	,			Paymont		

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)